the limb at right angles to the body.—*London Lancet*, November 2 and 9, 1889.

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VI. The So-Called Periostitis Albuminosa. By Dr. JOHANNES VOLLERT (Halle). Riedinger, a short time ago, described under the name of "ganglion periostate" an affection already well known to surgeons, and which Ollier calls periostitis albuminosa.

By the efforts of Ollier, and especially those of Riedinger, an entirely unfounded etiological significance or stamp has been given to this affection. In fact, the causes of Ollier's periostitis albuminosa or Riedinger's periosteal ganglion are entirely different from those of ordinary ganglion, and thus various names can only cause confusion.

The cases described under the name of periostitis albuminosa (or exudativa or serosa) are, according to the experience of Prof. Volkmann, cases of suppuration from the beginning, either in the form of cold muscular or intra-muscular abscesses, or even begin as an original disease of the bone or periosteum.

In not a few cases of ganglion the cause may not be referred to an irritation of the joint, even though the bulging of the capsule, which through obliteration of the pedicle is converted into a blind cyst, shows at the beginning hardly any connection with the joint. The contents of these cysts are a thickened, colloid synovia. Their origin is doubtless mechanical, though it can not always be traced.

Volkmann has never seen well marked inflammations of a joint lead to the formation of a ganglion, with the exception of a few fibrinous knee joint inflammations accompanied by the formation of popliteal cysts containing rice-like bodies. But these belong to the group of hygromata.

Most of the cases of cold, mucoid or synovially degenerated abscesses observed by Volkmann were previous to the discovery of the influence of bacteria on suppuration, so that they cannot help to settle questions of any special micro-organism causing this degeneration.

Under the name of lymph abscesses, old surgeons understood cold abscesses with a very slow course and without any inflammatory symp-

toms. They are soft, early fluctuating tumors, not movable and not well limited. Later on the skin over them may become inflamed, thinned, and ulcerated, even fistulous, so that the fluid contents will escape and a long continued secretion will be kept up. Incision will show a reddened, thickened and softened lining membrane similar to that of an abscess, showing that this is the result of an extremely torpid and atonic inflammatory process. These cold abscesses generally lie immediately under the skin or under a fascia. They grow slowly so that they only reach a certain size in from three to six months, and often remain unchanged for years, and may even retrogress and grow anew.

If these abscesses remain a long time near a bone the latter becomes affected (Chelius and Bardeleben). The name of lymph tumors was first applied to them by Binl, but they have nothing to do with lymph extravasations. Generally the contents of these lymph abscesses have more resemblance to sero pus. It is a turbid, grayish-white stringy fluid, containing white blood cells, fatty detritus, broken-down cells and tissue elements mostly in a stage of regressive metamorphosis. The chemical reaction is similar to that of pus. These abscesses, according to Volkmann, also contain a fluid which differs greatly from ordinary pus but closely resembles the fluid of tendinous sheaths and synovial pouches. The local causation by injury or contusion can only be looked on as accidental.

So far no cause has been found for the development of these lymph abscesses. Recklinghausen says that their genesis is yet undetermined, so that their reference to a hæmor or a lymphorhagie, as well as to the lymphatic system in general, cannot be determined for the present.

Most cases, it is true, are met with in scrofulous, tuberculous or run-down persons, though they are also seen in apparently healthy persons.

The best treatment consists in laying these abscesses freely open and treating them antiseptically.

It is well known that mucoid degeneration takes place often in other parts of the body, and moreover, not leucocytes alone, but other cells

can undergo this degeneration, that is epithelial fat and connective tissue cells, as well as the connective tissue itself and finally the fibrin.

That which has been described by Ollier as periostitis albuminosa, by Riedinger as ganglion periosteale; is in most of the cases nothing more than a sub-periosteal or periosteal abscess the contents of which have undergone mucoid degeneration. Such abscesses may come on spontaneously, and then continue causing a slight hyperostosis of the bone, or can be produced by a primary disease of the bone itself or what is still rarer, may be due to local tuberculosis, or to a chronic osteo-myelitis.

Many authors have tried to give a fitting pathological name to this condition and much confusion has been the result.

Lannelongue is of the opinion that these are abscesses in which there has been a metamorphosis of the pus. Many writers, Poncet, Toccorian, Catuffe and Schlange are of the opinion that in the so-called periostitis albuminosa there has been an inflammation of the bone or periosteum, or both, which has not gone beyond the serous stage, and owing to a want of intensity of the inflammatory irritation pus has not been produced, but only an exudation rich in albumen. Poulet and Bosquet believe the trouble to be tuberculous. Schlange is opposed to this as he has found no bacilli in his cases. Volkmann does not consider the process tuberculous, but considers it as a cold abscess. Bacteriological examination of the removed fluid has been negative. Staphylococci have been found only once. No tubercle bacilli or any specific bacterium of any sort has ever been found.—Volkmann's *Samml klin. Vorträge* No 352.

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GYNÆCOLOGICAL.

I. Frost-Bite of External Genitals in a Parturient Woman. By Dr. Alexei P. Teplashin (Glasov, Northeastern Russia). The author narrated the following interesting case. A young unmarried peasant woman, æt. 18 years, primipara, living at a village $^3/_4$ mile from the Glasov Zemsky Hospital, had left her home for the latter shortly after the rupture of the fœtal membranes, which